

**VERMONT CRIMINAL INFORMATION CENTER
VULNERABLE POPULATIONS PROGRAM
VERMONT RELEASE FORM**

Qualified Entity	Vermont Soccer Association		
Applicant	Last	First	Middle
Maiden or Alias Names			
Social Security #			
Place of Birth	City/Town	State	Country
Date of Birth	Month	Day	Year
Applicant's Telephone #	Include Area Code and Number		
RELEASE			
<p>I, _____, hereby acknowledge and agree to a check of any criminal record of convictions which may be maintained by the Vermont Criminal Information Center. I understand that the results of that check will be made available to _____ for use in reviewing my suitability for _____. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont, 05671-2101.</p>			
Signature of Applicant		Date	
Identity verified by:		Date	
NOTARY			
<p>_____ personally appeared before me and satisfied me that s/he is the person named in and who signed this Release Form. Thereupon s/he acknowledged the signing of this Release Form as his/her act and deed for the uses and purposes expressed in this document.</p>			
Printed Name of Notary		Notary Signature	
Commission Number		Commission Expires	